



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Professional Licensing Administration
717 14TH STREET, NW – SUITE 600
Washington, DC 20005

Supervised Practice Form

MARRIAGE AND FAMILY THERAPY APPLICANTS:

In accordance with the D.C. Official Code Section 3-1201.03 (e) (2001) an applicant for licensure as a Marriage and Family Therapist (MFT) is allowed **90 days from the initial date of employment** to practice MFT under the direct supervision of a District of Columbia licensed Mental Health Professional. **This Supervised Practice Form shall be issued only once.** This form must be returned in a sealed envelope and hand delivered to the office of Health Professional Licensing Administration (HPLA) by the MFT applicant. **Please note: You must have a MFT application on file. Employment under Supervised Practice can not commence until this form is submitted by the applicant to HPLA.**

SUPERVISED PRACTICE FORM IS TO BE COMPLETED BY MARRIAGE AND FAMILY THERAPIST SUPERVISOR

TO THE SUPERVISOR:

This form must be completed if you are supervising an applicant for licensure as a MFT. In accordance with Title 17 of the District of Columbia Municipal Regulations, section 7511.6 a MFT supervisor shall **be responsible for all supervised practice** during the period of supervision and shall be subject to disciplinary action for any violation of the Act of this chapter by the supervisee.

This Supervised Practice Form is void at the end of this 90 day period.

Supervisor's name and license number (Please Print Clearly):

LAST NAME, FIRST NAME MI D.C. LICENSE NUMBER

Applicant's Name (Please Print):

LAST NAME, FIRST NAME MI

Location of supervision (Facility Name): _____
PHONE NUMBER

Brief description of applicant's duties and responsibilities:

SUPERVISOR SIGNATURE	PHONE NUMBER	DATE
_____	_____	_____

FOR OFFICE USE ONLY

Date supervision form Submitted: _____

Date supervision will end: _____

DC SEAL

HPLA Staff Signature: _____

(202) 724-4900